Occupational Performance Coaching

Applied to the Picky Eating Population

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Objectives

1. Theoretical and philosophical basis of Occupational Performance Coaching (OPC)
2. Description of OPC
3. Research: Others and my own
4. Discuss application in other contexts
Occupational Performance Coaching

- Developed by Fiona Graham, Sylvia Rodger and Jenny Ziviani in 2009.
- The goal was to work with parents to achieve occupational performance goals for the parents and their children
Why I love OPC

• The caregiver needs are addressed
• More buy in and we share responsibility for the outcome
• Occupational based approach
• More effective than a bottom up approach
• Alternative service delivery model
What does a session look like?

- Coach parents to identify adjustments in the home or community that can create a better match between the person, occupation and environment.
Theoretical perspective

- Enablement perspective of health
- Occupation centered practice
- Family centered practice
Three Enabling Domains

- Emotional Support
- Information Exchange
- Structured process
Listen

Empathize

Reframe

Guide

Encourage
Three Enabling Domains

• Emotional Support
• Information Exchange
Reciprocal Information Exchange

- Typical development
- Health conditions and impairments
- Teaching and learning strategies
- Specialized strategies
- Provision of information on community resources.
Collaborative Performance Analysis

“is a goal specific examination of occupational performance based on information exchanged between the caregiver and the OT”

- structured, step-wise process
- based on observation or caregiver report
What currently happens

Parent Needs in implementing change

Barriers and bridges to enabling performance

What parents would like to happen
Parental Motivation

Need to see obvious improvement within a few days or 2-3 weeks at most
Therapist’s Goal during the Collaborative Process

• What needs to be different in order for the child to be successful at this task
• What needs to be different for the parent to enable change
• Develop parents ability to find solutions to their children’s performance challenges
Three Enabling Domains

• Emotional Support: Listen, empathize, reframe, guide, and encourage
• Information Exchange: What currently happens, what the parent would like to happen, barriers to performance, parental needs
• Structured process
Structured Problem-Solving Process

1. Set goal
2. Explore options
3. Plan action
4. Carry out plan
5. Check performance
6. Generalize
7. Collaborative performance analysis using PEO model

Diagram:
- Person (Child and Family)
- Occupation (The Functional Task child and family desire)
- Environment (Cultural, social, Physical Factors)
Occupational Performance Coaching Approach

• Coach parents to identify adjustments in the home or community that can create a better match between the person, occupation and environment.

• Three Underlying **Theoretical Principles**: Enablement, Occupational Centered, Family Centered

• **Three Domains**: Emotional Support, Information Exchange, Structured Problem solving
Research about OPC

• Three studies conducted by Graham, Rodger and Ziviana in 2010, 2013, and 2014
Enabling Occupational Performance of Children Through Coaching

• **Research question**: Can OPC contribute to changes in occupational performance and what are the parent experiences with OPC?

• **Instruments**: Canadian Occupational Performance Measure (COPM) and the Goal Attainment Scale (GAS)

• **Size of study**: N=3

• **Design**: Descriptive case study Methodology with pre and post intervention measures, 10 weekly, 1 hours sessions

• **Results**: Changes in parent satisfaction higher than actual performance. Parents reported increased learning, changes at home, rewarding challenge
Effectiveness of OPC in improving children’s performance and mother’s self competence

Findings

- **Research Question**: Does use of OPC result in change in occupational performance and parental sense of competence?
- **Instruments**: COPM and GAS, Parenting Sense of Competence (PSOC)
- **Size of the study**: 29 children, 8 mothers
- **Design**: Pre-wait list, pre-intervention, post intervention, follow up. Intervention lasting 3 to 8 weeks
- **Results**: Post hoc analysis revealed clinically significantly improvement in occupation. Internal consistency of the PSOC was low so with cautiously the study can be interpreted to have significant improvement in self competence
Mothers' experiences of engaging in occupational performance coaching

Findings

- **Research Question**: Are the parents receptive to being coached, and what was their perception?
- **Instruments**: Purpose designed survey
- **Size**: N=29
- **Design**: Mixed methods study, survey and interview, data was analyzed descriptively
- **Results**: Gain in insight of self, learned specific strategies, greater understanding of their children, calmer & happier emotional tone in the family
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Occupational Performance Coaching for Caregivers of Picky Eaters

Hello, my name is Kayden and I will only eat chicken nuggets if my mom picks off all the breading. Don't think you can fool me by making unbreaded chicken in the shape of nuggets. There's something I really enjoy about watching the bread picking off process.

Hello, my name is Atlee and I like toast with butter, but not if I see you putting the butter on my toast. You must butter my toast in the pantry, in another room or outside, because if I see you put butter on it, I will not eat it. And don't get the crazy idea that I like dry toast. I do not. I like toast with sneaky butter on it.
Introduction

• Importance of this research
  • Based on Occupational therapy principles- Occupational Performance Coaching, Occupational Therapy Practice Framework, AOTA Feeding Practice Guidelines
  • Innovative service delivery model
  • Meeting a community/societal need ie. Healthy America
  • Triple Aim-Improving patient experience (quality and satisfaction), Health populations, fiscally responsible (reducing cost per capita of healthcare)
The definition of picky eating includes rejecting certain types of foods or food groups necessary for a balanced diet.

30% of typically developing children and 80% of children with developmental disabilities experience feeding problems (Mascola, Bryson & Agra, 2010; Volkert, & Piazza, 2012).

Feeding problems impact a child’s participation and satisfaction of eating and simultaneously create stress and anxiety for the caregiver (Absolom & Roberts, 2011; Franklin & Rogers, 2003).
The Problem

- Pediatric eating is a dynamic process
- Caregiver impacts what is eaten, timing, social/physical environment
- Traditional OT focuses solely on the child’s sensory motor and behavioral impairments
- Who is addressing the family interaction and stress that is caused by the impairments?
- A family-centered approach recognizes and address disruptions in the child’s feeding routine and the impact for the entire family unit
Research Questions

• Does use of the Occupation Performance Coaching model with caregivers of young picky eaters
  • Increase the caregiver’s confidence in their role and skills at family mealtimes?
  • Increase the reports of positive mealtime experience for the family?
  • Reduce maladaptive mealtime behaviors expressed by the child?
  • Reduce the severity of the feeding problem for the child?
Research Methods

• **Type of Study**: Descriptive case study with pre and post-intervention measure

• **Subjects**: 2 children, age 4, with no diagnosis

• **Instruments**: COPM, GAS, Montreal Children’s Hospital Feeding Scale (MCHFS), Mealtime Behavior Questionnaire (MBQ)

• **Data Analysis**: Raw Data from COPM and Gas and T-Scores MCHFS and MBQ
## COPM Findings

<table>
<thead>
<tr>
<th>Goal of Caregiver</th>
<th>Role Performance based on 1-10 scale</th>
<th>Satisfaction with Role Performance based on 1-10 scale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child 1</strong> To have child eat the nutritious home cooked food that the mother prepares</td>
<td>Pre test 5 6 8 9 4</td>
<td>Pre test 5 7 8 9 4</td>
</tr>
<tr>
<td><strong>Child 2</strong> To have the child eat nutritious food for better growth and development</td>
<td>Pre test 3 4 2 3 0</td>
<td>Pre test 3 5 9 10 7</td>
</tr>
</tbody>
</table>

**COPM Score for Caregiver Role Performance**

Note: COPM is a 10 point scale with 1 being not satisfied and 10 being fully satisfied

*C=change between pre-test to week six*
## GAS Findings

<table>
<thead>
<tr>
<th>Child 1</th>
<th>Goal for Child</th>
<th>Pre-Intervention</th>
<th>Week 2</th>
<th>Week 4</th>
<th>Week 6</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child will put new food in mouth x3 and swallow x1</td>
<td></td>
<td>-1</td>
<td>-1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Child will complete a meal in 20-30 minutes</td>
<td></td>
<td>-1</td>
<td>-1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Child 2</td>
<td>Goal for Child</td>
<td>Pre-Intervention</td>
<td>Week 2</td>
<td>Week 4</td>
<td>Week 6</td>
<td>Change</td>
</tr>
<tr>
<td>Child will sit on his bottom at the table for 10 minutes during the family meal***</td>
<td></td>
<td>-1</td>
<td>-2</td>
<td>-1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Child will not remove or gag in response to non-preferred food on the plate</td>
<td></td>
<td>-1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Child will stab or scoop non-preferred food and bring to his lips **</td>
<td></td>
<td>-1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Note:** These goals were upgraded after the first visit when the child exceeded what the family initially anticipated.
Montreal Children’s Hospital Feeding Scale Findings

Figure 1 Montreal Children’s Hospital Feeding Scale for Child 1 and 2 comparison of pre-test and week 6 feeding difficulty outcome.

Note. T-score ranges 61-65 mild feeding difficulty, 66-70 moderate feeding difficulty, above 70 severe feeding difficulties.
Mealtime Behavior Questionnaire Findings

Mealtime Behavior Scale total scores for Child 1 and Child 2 from pre-test to week 6.
Discussion

• Increase in caregiver role performance (1/2) and satisfaction (2/2)
• Child’s performance exceeded parents expectations
• Reduction in feeding impairment severity to mild and non-existent
• Reduction in maladaptive behaviors with tools to tackle residual behaviors
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Transformation is possible with a little coaching
References


